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SANTA FE			
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OPERATOR			
PRORATION OFFICE			
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	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR	REQUEST	CONSERVATION COMM ON FOR ALLOWABLE AND ANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65 L GAS	
I.	PRORATION OFFICE Operator Howard Boat Address 711 First N Reason(s) for filing (Check proper box				
	New We!! Recompletion Change in Ownership X If change of ownership give name and address of previous owner	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder Robert B. Holt, et a	nsate	Bank, Midland, Tx.	
11.	DESCRIPTION OF WELL AND Lease Name Aztec State (COM) Location	Well No. Pool Name, including Fo	State Fa	ease deral or Fee State K-5919	
	25	54 Feet From The South Lin	e and 554 Feet Fr 32E , NMPM,	om The East Lea County	
III.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil The Permian Co. Name of Authorized Transporter of Cas Warren Petrole	rporation singhead Gas 😿 or Dry Gas 🗀 um	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Tx. 77001 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Okla. 74102		
	If well produces oil or liquids, give location of tanks. If this production is commingled with	Unit Sec. Twp. Rge. P 25 13S 32E th that from any other lease or pool,	Is gas actually connected? YES give commingling order number:	1970	
IV.	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded		Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.) Perforations	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be af able for this de	pth or be for full 24 hours)	oil and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga		
	Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbis.	Casing Pressure Water-Bbis.	Chake Size Gas-MCF	
	GAS WELL				
	Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure (shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	above is true and complete to the	with and that the information given to be best of my knowledge and belief.	TITLE Geologist		
	-2 -(- X · ·	. + . /	This form is to be filed	in compliance with RULE 1104.	

Agent

August 18, 1975

(Date)

Inis form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each nool is multiply.

Separate Forms C-104 must be filed for each pool in multiply